

Employment Application / Information Form

VP Electric LLC

It is the policy of the employer named above (the "Company") to offer equal employment opportunities to all qualified applicants and employees without regard to race, color, age religion, sex, sexual orientation, national origin, marital status, disability, veteran status, or any other characteristics protected by law. This policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, conditions and privileges of employment and other terms. Applicants are encouraged to request any reasonable form of accommodation that may be required to participate in the application process.

APPLICANT / EMPLOYEE INFORMATION			
Last Name	First	M.I.	Date
Mailing Address		Apt./Unit #	
City	State	Zip	
Home Phone	E-Mail Address		
Cell Phone	Date Available	Desired Salary	

Position Applied For:
Are you a citizen of the United States YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied or worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?
What days are you available? Check all that apply: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>

EDUCATION	
High school	Address
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
College	Address
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
Other:	Address
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	

REFERENCES	
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

PREVIOUS EMPLOYMENT		
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From: To:
Rank at Discharge	Type of Discharge:
If other than "honorable", explain:	

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

DISCLAIMER AND SIGNATURE:

I certify that all information on this application / information form and any other material provided in conjunction with my application are true and complete and I understand that any misrepresentation or omission of information may disqualify me from employment consideration and will be considered justification for dismissal whenever discovered if I am employed.

I hereby authorize the Company and its authorized agents to contact persons, educational institutions, employers, and other organizations including, but not limited to those named herein (and in my resume, if any) regarding any information I provide or that may be relative to my employment, and I hereby consent to their providing job related or other relevant information about me and I release the referring person and/or company and the Company from any damage or liability that may arise from the utilization of such information.

I understand that if I am hired, I will be required to conform to the policies and procedures maintained by the Company. Further, I understand that the Company follows an "employment at-will" policy, and that in the event I am hired, the Company or I may terminate the employment relationship at any time, for any reason, with or without prior notice and that this "employment at-will" policy cannot be changed unless the change is specifically authorized in writing by the president of the Company. I further understand that this application is not a contract of employment, or a contract with respect to the terms of employment.

Signature: _____ Date: _____

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